INSTRUCTIONS FOR FORM IT-40X

WHO SHOULD FILE FORM IT-40X

This form should be filed by all individuals who wish to amend an original Indiana Individual Income Tax Return. You may not change from a joint to a single return after the due date of the original tax return has passed.

ADDITIONAL INFORMATION

If you have any questions concerning the types of income included in the total income, what adjustments are allowable to total income, how to compute and claim various credits, etc., you should refer to the instructions for the individual income tax return for the year you are amending.

ATTACHMENTS TO THE RETURN

You must submit a complete explanation of the changes to your previously filed return. Please attach a copy of your amended federal return, if one was filed, and any schedules and forms that support the changes listed in Column B

If you are claiming a net operating loss deduction, you must attach Schedule IT-40NOL, available from the Department. You must also attach copies of the federal return and schedules for the loss year.

Failure to submit a complete explanation and the appropriate state and federal schedules and forms could result in a delay in processing your claim.

COLUMN ENTRIES

Column A - Enter the amount shown on your original return.

Column B - Enter the amount of change in items reported on your original return.

Column C - Enter the correct amounts after taking into account the increases or decreases shown in Column B. If there are no changes, enter the same amount in Column A and Column C.

Part I Income and Exemptions (Lines 1 through 4)

Line 1 - Indiana Adjusted Gross Income: Enter the amount of Indiana adjusted gross income on Line 1. Indiana adjusted gross income is equal to total income minus adjustments and Indiana deductions allowed on the Indiana Individual Income Tax Return. Any changes reported on this line must be explained and proper verification supplied.

If you are correcting the amount of wages or other compensation, attach a copy of any additional or corrected W-2 statements received since your original return was filed.

Lines 2 through 4 - Exemptions: You and your spouse are allowed an additional exemption for being age 65 and over and one for each blind taxpayer.

Part II Tax Due (Lines 5 through 11)

Line 6 - Multiply the amount on Line 5 by the applicable rate.

Tax Years: 1988-1995 Rates: 3.4% (.034)

Line 7 through 8 - Please refer to your individual income tax instruction booklet for an explanation of county tax and sales tax or contact the Department for further instructions.

Line 9 - This line cannot be amended unless the amended return is filed by April 15 of the year the original return was filed. It should be used when showing the actual first quarter payment made on the original return.

Line 10 - Penalty for the underpayment of estimated tax is based on the tax due on your original return. Any increase or decrease in tax due will change the penalty amount, unless the change is due to a carry back credit or deduction.

Part III Credit (Lines 12 through 19) Lines 12 through 15 - Enter the credits claimed on your original return, any changes that are necessary, and the correct totals.

Line 15 - Other Credits - You should enter the amount of any claim for College Credit, Credit for Taxes Paid to Other States (a copy of the other state return must be attached), and Solar Energy Credit. These credits are non-refundable; therefore, the total of these credits may not exceed the amount of state tax due (Line 6). Credit for Taxes Paid to Localities Outside Indiana and the County Credit for the Elderly maternity Home Credit Twenty-First Century Scholars Program Credit, Neighborhood Assisstance Credit, Teacher Summmer Employment, Enterprise Zone Crdits and Personal Computer Credit may not exceed the amount of county tax due, (Line 7).

You should also enter the amount of any claim for the Unified Tax Credit for the Elderly on this line. You may not amend your original return to claim this credit unless your amended return is being filed on or before June 30 after the close of the tax year (i.e., if you are amending your 1995 return you may not claim the Unified Tax Credit for the Elderly on any amended return filed after June 30, 1996).

Line 16 - Amount Paid on Original Return: Enter the amount of previous payments for Individual Income Tax paid on the original return. Do not include any amount for interest or late payment penalties.

Line 18 - Amount Previously Refunded or Requested: Enter the total of all previous refunds you have received or requested for the year in question. You must include the actual refund received or calculated before any contribution to the Indiana non-game fund. This amount should be subtracted from your Total Credits, (Line 17) to arrive at your Net Credits, (Line 19).

REFUND OR AMOUNT DUE (LINES 20 AND 21)

If Line 19 is larger than Line 11, enter the difference on Line 20. If Line 11 is larger than Line 19 follow the instructions for Line 21.

Line 20 - Refund: Enter the amount of refund you are claiming. The processing of amended tax returns takes approximately 20 weeks. All refunds are subject to the statute of limitations as provided under Indiana law. A claim for refund must be made within 3 years from the due date of the original return or the date of overpayment, whichever is later.

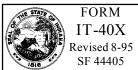
Line 21 - Amount Due: - Enter on this line any additional amount due with this filing. If this amended return is submitted after the due date for filing your original return, you must include penalty and interest from the due date. Include these amounts in the total entered on Line 21. Use the spaces provided on Line 21 to enter the amount of tax due, penalty, and interest. The penalty is 10% of the remittance due or \$5.00, whichever is greater. Interest rates are:

Tax Years:	1989-1991	1992	1993-1994	1995
Yearly Rate:	10%	8%	7%	6%
Monthly Rate:	.0083	.0067	.0058	.005

For the interest rate from January 1, 1996 to present, please contact the Department.

No payment is required if the amount is less than \$1.00. Make your check or money order payable to the Indiana Department of Revenue. Please place your social security number, and the tax year the payment is for on your check or money order.

If you need assistance in completing this amended return, please call (317) 232-2240, or visit any of the district offices. Mail the completed return to Indiana Department of Revenue, 100 North Senate Avenue, Indianapolis, IN 46204-2253.



Telephone Number (Area Code)

19___INDIANA AMENDED

11-40X Revised 8-95	INDIVIDUAI Fiscal Year From	L INCOME TA					
SF 44405	_			DO NOT WRITE ABOVE			
First Name(s) and Middle Initial	l(s)	Last Name		Your Social Security Number			
				~			
Street Address	City	State	Zip Code	Spouse's Soc	ial Security	y Number	
** G	G 1 C 4 CD 11	lv a chi	15 1	9 1 9 1	CD::	1.50	
Your County of Residence as of January 1, 19	Spouse's County of Residence as of January 1, 19			s Spouse's County of Principal Employment as of January 1, 19			
as of January 1, 17	as of sandary 1, 15			us of surdary 1, 15_			
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	Resident fromtoE						
(3) Tart-1 car murana i	(Date) (Date)	anter Other State(s) or i	xesidency during	the tax year			
NOTE: ATTACH A FULL	EXPLANATION FOR FILING A	MENDED DETUDN					
	ATE AND FEDERAL FORMS AT		PORTING THE	SE CHANGES (SEE	INSTRII	CTIONS)	
		AD SCHEDCEES SCI			HISTRO	•	
Part I Income	and Exemptions		As Show	B n on Amount of	,	C Correct	
			Original R		·	Amount	
1 Indiana Adjusted Gras	s Income			0	1		
	pendent Exemptions				2.		
3 Check each box that a	pplies: 65 or over You□	Spouse []			2.		
5. Check each box that a	Blind - You Spo				3.		
4. Total Exemptions - Ac	dd Lines 2 and 3				4.		
Part II Tax Due							
	- Subtract Line 4 from Line 1				5.		
	structions				6.		
7. County Tax Due - See Instructions.					7.		
8. Sales Tax Due on Out-of-State Purchases - See Instructions					8.		
9. Estimated Tax - First Installment - See Instructions.					9.		
10. Penalty for Underpayn	nent of Estimated Tax - See Ins	tructions			10.		
11. Total Tax Due - Add	Lines 6 through 10			TOTAL TAX DU	E 11.		
Part III Credits							
12. Indiana State Tax Witl	hheld				12.		
	Vithheld				13.		
14. Amount of Estimated	Tax Paid				14.		
	structions				15.		
16. Amount Paid on Origi	nal Return			TOTAL OPENIA			
	Lines 12 through Lines 16						
	efunded or requested befor und						
	Line 18 from Line 17						
	Due or Refund - See Instruc		•••••		19.		
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	enclose a check or money ord						
	not send cash. No payment i						
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	imed. No refund will be issued						
	n on refunds see instructions or	reverse side					
21. Amount Due	_(See Instructions) Penalty			AY THIS AMOUN	1		
_	this return (including accompan	ying schedules and sta	tements) and to	the best of my knowle	edge and	belief it is true,	
complete, and correct.	IC DOTH WOLL IND MOTOR	DOLIGE LAVOR OF C	. 🗖 I auth	orize the Departme	nt to disc	cuss my return	
IF THIS IS A JOINT FILING, BOTH YOU AND YOUR SPOUSE MUST SIGN.			and at	and attachments with my preparer.			
			□ IDO1	NOT authorize the	Departm	ent to discuss	
V 0:	D :		my re	turn and attachmen	ts with n	ny preparer.	
SIGN Your Signature	Date						
HERE		<u></u>	Preparer's S	ignature			
Spouse's Signature	Date		-				

Preparer's Identification Number